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Bib Data Sheet

CONFIRMATION NO. 1672

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/673,781 | <b>FILING OR 371(c) DATE</b><br>09/29/2003<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1641 | <b>ATTORNEY DOCKET NO.</b><br>1112-1-080NDIV |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**Qinwei Shi, Etobicoke, CANADA; *L/C***\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/938,270 08/23/2001 PAT 6,673,562 which claims benefit of 60/227,536 08/24/2000 and claims benefit of 60/292,497 05/21/2001 *L/C*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 01/15/2004

**\*\* SMALL ENTITY \*\***

1672

|   |                                   |                             |                           |                                |
|---|-----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>14 | <b>TOTAL CLAIMS</b><br>38 | <b>INDEPENDENT CLAIMS</b><br>7 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                             |                           |                                |
| Verified and Acknowledged<br><i>Qua. Shi</i><br>Examiner's Signature  | <i>L/C</i><br>Initials            |                             |                           |                                |

**ADDRESS**

43850

**TITLE**

Differential immunoassay

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>705 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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